## APPENDIX B USER FORM AND EMERGENCY INFORMATION CARD

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Customer Survey Form -

## SPECIAL INSPECTIONS: Implementation in Fairfax County/1996 Edition

This Special Inspections Document was written for you, the user. If you have a question, need an interpretation or have a suggestion on how to improve this Special Inspections Document, Fairfax County would like to hear from you. Please use this form to make additional copies as needed and forward your comments to:

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CHIEF, COMMERCIAL INSPECTIONS BRANCH DIVISION OF INSPECTION SERVICES DEPARTMENT OF ENVIRONMENTAL MANAGEMENT 12055 Government Center Parkway, 4th Floor Fairfax, Virginia 22035-5504

G INTERPRETATION REQUESTS		G SUGGESTED REVISIONS
Page	Chapter Section/Paragraph	Description Of Question/Suggestion
Your Name:		Telephone:
Affiliation:		Telefax:
Address: _		

## **EMERGENCY PHONE PROCEDURES**

Post at each Job Phone Location

## Dial 911 for POLICE - FIRE - AMBULANCE assistance Dial 698-2900 - Poison Center

Be Ready to Provide the Following Information: BASIC JOB SITE INFORMATION: (to be completed by Superintendent before posting at phone locations) 1. CONSTRUCTION SITE STREET ADDRESS 2. MAJOR CROSS STREETS 3. NAME OF GENERAL CONTRACTOR 4. TELEPHONE NUMBER FROM WHICH CALL IS BEING MADE (Usually Job Phone) THE FOLLOWING SPECIFIC INFORMATION MAY BE REQUIRED BY THE EMERGENCY 911 DISPATCHER: 1. NAME OF PERSON MAKING THE CALL? 2. WHAT HAPPENED? (fall, cave-in, structure collapse, electrical, bleeding, heart attack) 3. HOW MANY PERSONS INJURED? 6. LOCATION OF INCIDENT ON SITE. 4. CONDITION OF INJURED? 7. PLACE OF ENTRY TO SITE. 8. EQUIPMENT ASSISTANCE AVAILABLE. 5. HELP/FIRST AID ALREADY STARTED?

REMAIN CALM!

LET THE DISPATCHER TELL YOU TO HANG-UP